

RESERVATION FORM

November 11-14, 2015

9am-2pm

Reservation required for groups Fax completed form to (601) 982-4292 Email to: alya@mdac.ms.gov

www.msagmuseum.org

1150 Lakeland Drive, Jackson, MS 39216 (601) 432-4500

Thanks for choosing to visit the Harvest Festival at the AG Museum. Prior to completing this form, please call to check available dates and times. Once your date and time has been checked, please complete this form, sign and return by fax or email. This reservation form must be signed and returned in order to have a confirmed reservation. At this time, a hold will be issued for your reservation.

ADVANCED PAYMENTS are strongly suggested to maximize your visit time. Advanced payments will need to be paid by cash, school check, money order or purchase order. No personal checks are accepted. If you choose to pay in advance, admission armbands will be mailed to your address. Upon arrival, a group representative must check in to pick up receipt. Please print information below:

| GROUP NAME | | | |
|---|-----------------------|-----------------|-------|
| CONTACT NAME | | | |
| SCHOOL ADDRESS | CITYSTATEZIP | | |
| SCHOOL PHONE | FAX NUMBER | | |
| CELL PHONE | EMAIL | | |
| Date: | Time: | | |
| ADMISSION | NUMBER OF PEOPLE | COST PER PERSON | TOTAL |
| CHILD (3-18) | | \$4 | |
| ADULT (19 and older) | | \$6 | |
| ADDITIONAL ACTIVITIES | | | |
| Train Ride (all ages) | | \$1 | |
| Hay Ride (all ages) | | \$1 | |
| Carousel (kindergarten & under) | | \$1 | |
| TOTAL AMOUNT DUE: | | | |
| Principal Signature:Teacher Signature: | | | |
| MAFM Staff ONLY NOTES: | | | |
| Date received: Confirmation: email/fax/mail | | | |
| Pre-paid amount: \$ Method o PO/ck #: | f payment: cash/ck/PO | | |